

HISTORY FACILITY PROFILE

UINTAH BASIN HHA
26 WEST 200 NORTH 78-15
ROOSEVELT UT 84066
STATE'S REGION CODE: 001

PROVIDER #: 467039
PHONE NUMBER: (435) 722-2418
PARTICIPATION DATE: 03/10/1986

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: HOSPITAL BASED P
TYPE OWNERSHIP: GOVERNMENT - STATE/COUNTY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
04/1995	06/1996	06/1999	10/03/2001	

PROGRAM REQUIREMENTS

X				STD	G0116-RIGHT TO BE ADVISED OF AVAILABILITY OF TOLL-FREE HHA HOTL
X				STD	G0159-PLAN OF CARE COVERS DIAGNOSES, REQUIRED SERVICES, VISITS,
X				STD	G0170-SKILLED NURSING SERVICES FURNISHED IN ACCORDANCE WITH PLA
X				STD	G0175-RN INITIATES APPROPRIATE PREVENTIVE/REHABILITATIVE NURSIN
				STD	G0221-DOCUMENTATION OF HOME HEALTH AIDE COMPETENCY EVALUATION
				STD	G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	0	2	0	4
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	2	0	4

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT